U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. Ε 2. Fiscal Year Covered From: 1. File Number U - 🦅 01 / 01 / 2014 Through: [2/31 / 4. Name, file number, and address of labor organization. 3. Name and address of person filing. Name UFCW Local 1-D Labor Organization File Number 012 -289 P.O. Box, Building and Room Number, if any P.O. Box, Bldg., Room No., if any ZIP Code + 4 / / CS6 State NEW JERSEY 5. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7,a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. ZiP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge, and belief, true, correct, and complete. (See the section on penalties in the instructions.) Telephone Number

Name of Person Filing FRANK BRANIEVIE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, se ling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Ccde + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street '	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount,
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consumant (including trade name, if any).	Acce to And and
Name Utch Locat 1-1	CHRISTMAS PARTIE
Trade Name, if any:	Liche -) SE
P.O. Box, Bldg., Room No., if any	Dension 16
Street 8402 18 AVE	SEVERANCE 8
City Brodery	
State M ZIP Coce + 4 1/214	
12 h le the Business an Employer X or Consultant ?	14.b. Amount of payment.